



# MASTER JOB APPLICATION

State Form 48245 (R2 / 2-99) / IMP 0021

The information contained on this form is **CONFIDENTIAL** according to 470 IAC 1-2-7, 470 IAC 1-3-1, and 470 6-1-1.

## PERSONAL INFORMATION

Citizen of the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, are you legally allowed to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	Write your registration number here:
Date (month, day, year)		Social Security number
Name (last, first, middle)		
Present address (number and street, city, state, ZIP code)		
Permanent address (number and street, city, state, ZIP code)		
Telephone number		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain in full (attach additional sheet if necessary)	
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what type? <input type="checkbox"/> Operator <input type="checkbox"/> Commercial <input type="checkbox"/> Chauffeur	

## EMPLOYMENT DESIRED

Position:	Date you can start:	Salary desired:
Are you employed now?	If so, may we inquire of your present employer?	
Ever applied to this company before?	Where?	When?
Do you want to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		

## EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED AND DEGREE(S) GIVEN
ELEMENTARY/ MIDDLE SCHOOL		1 2 3 4	<input type="checkbox"/> Yes	
		5 6 7 8	<input type="checkbox"/> No	
HIGH SCHOOL		9 10 11 12	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
COLLEGE		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

Special Study, Research, Foreign Language or other Skills:


## PHYSICAL RECORD (Do you have any physical condition which may limit your ability to perform the job applied for?)

This question is voluntary, and any answers will be kept confidential.


FORMER EMPLOYERS (List below last four employers, starting with last one first)				
Date	Name and Address of Employer	Describe Duties	Type of Machines or Equipment Used	Reason for
From				
Salary				
From				
Salary				
From				
Salary				
From				
Salary				
MILITARY SERVICE				
Branch of service		Period of active duty From To		Rank of discharge
Describe duties:				
ORGANIZATIONS AND VOLUNTEER ACTIVITIES (List responsibilites and offices)				
REFERENCES (Give below the names of three persons not related to you, whom you have known at least one year)				
Name	Address	Telephone Number	Business	Years Acquainted
IN CASE OF EMERGENCY NOTIFY:				
Name		Address		Telephone number
I authorize investigation of all statements contained in this application. I understand that misrepresentation of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.				
Date	Signature			